

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Dela</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>138</u>
District of <u>Miami</u>		ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>40</u>
Town of _____		Local Registrar No. _____	
or			
City of _____ No. _____ St. _____ Ward _____		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child <u>Federico Gonzalez</u> If child is not yet named, make supplemental report, as directed			
3. Sex of child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. 5. No., in order of birth _____	6. Legitimate? <u>yes</u>
		7. Date of birth <u>Jan 15-1923-</u> (Month, day, year)	
8. Full name <u>Jesus Gonzalez</u>		14. Full maiden name <u>Terresa Uadovi</u>	
9. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and State		15. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and State	
10. Color or race <u>Mex.</u>	11. Age at last birthday <u>22</u> (Years)		16. Color or race <u>Mex</u>
12. Birthplace (city or place) (State or country) <u>Tlalisco Mexico</u>		17. Age at last birthday <u>21</u> (Years)	
13. Occupation Nature of Industry <u>Miner</u>		18. Birthplace (city or place) (State or country) <u>Zacatecas Mexico</u>	
19. Occupation Nature of Industry <u>Housewife</u>			
20. Number of children of this mother <u>3-</u> (Taken as of time of birth of child here- in certified and including this child.) (a) Born alive and now living <u>3</u> (b) Born alive but now dead _____ (c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>6:30</u> a.m. on the date above stated. (Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>C. M. Crow M.D.</u> (Physician or midwife)	
		Address <u>Miami, Arizona</u>	
Given name added from a supplemental report _____ (Month, day, year)		Filed <u>Jan 31</u> , 19 <u>23</u> <u>Charles E. Dorr</u> <u>2/8</u> , 19 <u>23</u> <u>B. S. Gray</u>	
Registrar. <u>679-115-349</u>		Local Registrar. County Registrar.	